

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR NAVY CONTRACT POSITIONS
ISSUE DATE: 19 JUN 01

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EASTERN TIME ON OR BEFORE 10 JUL 01. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
1681 NELSON STREET, ATTN: CODE 02, CLAUDIA ADDISON, CA-08-01
FORT DETRICK, MD 21702-9203
Ph: 301-619-7467

A. NOTICE. This position is set aside for individual Registered Nurses only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. REGISTERED NURSE. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Registered Nurse in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2) competitively win this contract award.

Services shall be provided in the Corneal Refractive Surgery Department of the National Naval Medical Center, Bethesda, MD.

You shall be on duty in the assigned clinical area for 40 hours each week between the hours of 0700 and 2000. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue eight hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commander, National Naval Medical Center, Bethesda, MD, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care.

ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall perform administrative tasks commensurate with the position of office manager in support of the Center's business, research, clinical, military and training obligations. You shall:

1. Provide training and/or direction to supporting government employees (LPNs, corpsmen, technicians, etc.) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer. You may be required to maintain statistical records of your clinical workload.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to nursing care.
4. Perform telephone, clerical and scheduling tasks as necessary.
5. Order supplies and ensure that adequate supplies are present to ensure uninterrupted patient care and research activities.
6. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
7. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.
8. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

9. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.
10. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.
11. Participate in training activities commensurate with level of professional competency as determined by the Center's staff.
12. Maintain open communications with the Center's staff and residents.
13. Communicate with biomedical repair, information systems, and housekeeping personnel to ensure proper treatment and work environment within the center.
14. Ensure compliance with current safety and infection control instructions.

CLINICAL DUTIES: Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for RN services. Your productivity is expected to be comparable with that of other RNs assigned a similar scope of practice. You shall direct patient care functions including assessment, planning, preparation, implementation, monitoring and evaluation consistent with the current standards of nursing practice.

Guidelines. Guidelines include the Ophthalmology Department Standard Operating Procedures Manual (SOP) National Naval Medical Center instructions, other pertinent military instructions, AOA guidelines, JCAHO standards, and current optometric literature. You are expected to use your own judgment to interpret and adapt these guidelines to specific circumstances or in cases where guidelines do not exist. You are also expected to contribute to process improvement by offering suggestions or proposing solutions. You shall perform the following duties:

1. Render professional nursing care to patients.
2. Obtain and document patient and pertinent family history. Orient new patients and their families as required.
3. Receive patient assignments, assist in the formulation, documentation, and implementation of a treatment care plan. Review and update them as required.
4. Requisition and arrange for ordered diagnostic and therapeutic services as directed.
5. Assist in planning, supervising and instructing LPNs/LVNs, nursing assistants and ancillary personnel and ensure proper and complete discharge of doctor's orders on patient care and treatment.
6. Administer specific medications at designated times and in designated manner.
7. *Maintain controlled drugs and drug records in accordance with standard practices.*
8. Observe patients and report pertinent data on condition and medication or treatments.
9. Chart nursing observations and ensure record is complete with all procedures and test results recorded.
10. Prepare equipment and assist doctors with treatment procedures, including: calibration of laser and adherence to laser safety guidelines.

11. Recognize emergencies and respond with appropriate protocol; e.g. resuscitation, oxygen, emergency drugs, cardiac massage, application of medical equipment and other, as established by the medical staff.

12. Explain procedures and treatments to patients and significant others to allay apprehension and gain cooperation and support.

13. Professional/Patient Care

- Greet patients and obtains signature on consent form
- Perform patient assessment and assist with preparation for procedures
- Ensure correct eye is identified for treatment
- Assist patient to procedure room
- Be attentive to patient's reaction & response during procedure
- Ensure patient stability following the procedure
- Assist patient to slit lamp chair for examination
- Accurately document information on patient record
- Assist in any urgent care situations that might arise in clinic setting
- Ensure proper handling and storage of all medications
- Observe Universal Precautions consistently
- Wear clothing and name badge consistent with dress code
- Prepare for patient procedures.
- Perform sterilization of supplies and equipment.
- Operate refractive surgery laser.
- Operate surgical microkeratome.

MANAGERIAL/RESEARCH COORDINATION DUTIES

1. Manage and coordinate the business, clinical, and overall daily activity of the Corneal Refractive Surgery Department.
2. Coordinate the clinical and surgical schedule and oversee the monthly surgical schedule for patients and surgeons.
3. Coordinate the clinical schedule, ensure post-operative medication entry to the pharmacy and timely procurement of medications for patients, and act as a liaison between operational units and the clinic to coordinate follow-up examinations.
4. Oversee the requisition of unit supplies and emergency supply cart, ensuring that equipment is clean and in good working order prior to use. Report any discrepancies to supervisor.
5. Coordinate patient entry into research protocols by ascertaining eligibility, obtaining informed consent when possible, and coordinating compliance with protocol dictated follow-up requirements.
6. Maintain required unit records, patient charts, forms, logs, records, registers, census reports and collect required statistics.
7. Maintain patient records in an orderly, secure fashion.
8. Assist with preparation of the annual budget.

DATA BASE ENTRY/PE&I COORDINATOR DUTIES:

1. Oversee management of the center's patient, diagnostic and procedural database.
2. Oversee data entry by the clinic technicians, perform data analysis, and recommend avenues of performance improvement based on outcomes.

CREDENTIALS AND PRIVILEGING

1. Upon award, you shall complete an Individual Professional File (IPF) prior to performance of services. Completed IPFs must be forwarded 30 days prior to performance of duties to the Professional Affairs Department. The IPF which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status and competency as identified in Appendix (s) of BUMEDINST 6320.66C and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess either (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.
2. Possess a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable licensing relations.
3. Have successfully completed at least 12 classroom hours (Contact Hours/CEUs) of continuing education within the preceding 24 months that maintains skills and knowledge as an RN.
4. Provide three letters of recommendation from supervisors or providers attesting to your clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.
5. Possess U.S. employment eligibility per Attachment III. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States. Documentation per Attachment III must be provided.
6. Represent an acceptable malpractice risk to the Navy.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein. Experience specific to management of a refractive surgery practice may enhance your ranking, then,
2. The letters of recommendation, Item D.4., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional Medical certifications or licensure, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed* "Personal Qualifications Sheet – Registered Nurse" (Attachment I)
2. _____ A completed Pricing Sheet (Attachment II)
3. _____ Proof of employment eligibility (Provide copies of documentation) (Attachment III)
4. _____ Three or more letters of recommendation per paragraph D.4., above
5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)
6. _____ Small Business Representation (Attachment V)

*Please answer every question on the " Personal Qualifications Sheet - Registered Nurse". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment IV to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621320.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment II, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Claudia Addison who may be reached at ckaddison@us.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-7567.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - REGISTERED NURSE

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the "Application for Navy Contracting Positions." In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Section D. and Item VIII. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information the following actions may occur: (a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners databank..
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)
(Signature) (Date)

Personal Qualifications Sheet - Registered Nurse

I. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

RN Degree from _____
(Name of School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

_____(mm/dd/yy)
State Date of Expiration

_____ License Number

IV. Approved Continuing Education :

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
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V. Basic Life Support (Optional) Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 4 years within the preceding 5 years. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
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(1)

Work Performed:

Names and Addresses of Preceding Employers

(2) From To

Work Performed:

3) From To

Work Performed:

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

_____ When does the contract expire? _____

VII. Additional Medical Certification, Degrees or Licensure: This should include advanced education such as a Master's Degree.

Type of Certification, Degree or License and Date of Certification or Expiration

VIII. Professional References:

Provide three letters of recommendation from supervisors or providers attesting to your clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.

IX. Employment Eligibility (Provide copies of documentation):

Do you meet the requirements for U.S. Employment
Eligibility contained in Attachment III? Yes No

X. Additional Information:

Provide any additional information you believe may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XI. I hereby certify the above information to be true and accurate:

_____(mm/dd/yy)
(Signature) (Date)

Pricing Sheet

PERIOD OF PERFORMANCE

Services are required from 17 Sep 2001 through 30 September 2001. Five option periods will be included which will extend services through 16 Sep 2006, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may consider inflating the price in each or any option period. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other registered nurses in the Bethesda, MD area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes. In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluations.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column. Add all Total Amount line items and enter the total on the "Total Contract Line Item Number 0001" line.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform, on behalf of the Government, the duties of one (1) Registered Nurse (Ophthalmology) in support of the National Naval Medical Center in accordance with this application and the resulting contract.				
0001AA	Base Period; 17 Sep 01 through 30 Sep 01	80	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 01 through 30 Sep 02	2088	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 02 through 30 Sep 03	2088	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 03 through 30 Sep 04	2096	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 04 through 30 Sep 05	2088	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 05 through 16 Sep 06	2000	Hrs	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A
LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred and takes approximately 48 hours if the application is complete and accurate. The Web address is <http://www.ccr2000.com/howto.html>. Paper registrations are not encouraged, however if you do not have internet access, please contact the CCR Registration Assistance Center at (888) 227-2423 to obtain a form and instructions. Registrations received by mail or fax may take up to 30 days to process.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>

When you have done this, please mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" with your application package to:

Naval Medical Logistics Command
1681 Nelson Street, Code 02, Ms. Claudia Addison
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in your original application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

() The offeror represents for general statistical purposes that it is a woman-owned small business concern.

() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

___ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

CONTRACT NUMBER: _____

CONTRACTOR'S NAME: _____